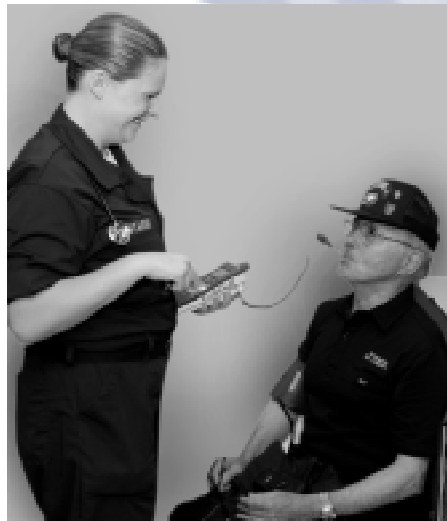


US Navy Hospital Ship Mercy Clinic

What would cause VA employees to get up at 5:00 a.m. and report to Pier 91? It is the opportunity to work with crew of the US Navy Hospital Ship Mercy and provide a special clinic to veterans seeking care at VA Puget Sound. The collaborative effort gave Mercy medical personnel hands-on patient-care experience while providing earlier access for waiting veterans.

The USNS Mercy is one of two naval hospital ships that provide medical support for troops during war. It also can provide humanitarian aid overseas and disaster response where needed. In 1987, Mercy's crew helped 62,000 people in the Philippines in a humanitarian mission. The ship has 1000 beds, a 50-station trauma center, 12 operating rooms and an 80-bed intensive care unit.

When Captain J. D. Malone of USNS Mercy learned that they were coming to Seattle for SeaFair, he suggested that the Navy work with VA Puget Sound to provide health care to veterans in the area. A group of VA and Navy personnel worked together to create the USNS Mercy Clinic. Eighty-five Puget Sound area veterans reported to the ship for the clinic. The veterans were thrilled with the opportunity to be seen earlier than originally scheduled. One veteran stated, "It was a nice big surprise when the VA phoned me Monday about coming here, and shuttled me over." VA staff enjoyed the experience and were



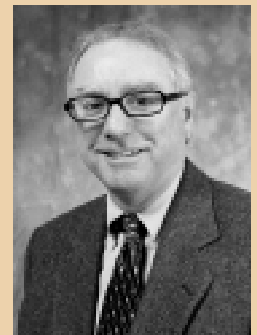
A nurse treats a veteran on board the USNS Mercy.

impressed with the organization and capabilities of the Mercy and her crew. The Mercy staff appreciated the opportunity to use the ship's state-of-the-art medical technologies to examine veterans' health care needs. Veterans were seen by general internists, orthopedists, otolaryngologists, optometrists and dentists. They received screening evaluations, including lab work and ECGs. Among conditions discovered during the screenings were possible throat cancer, third-degree heart blockage, and heart arrhythmias.

The USNS Mercy Clinic is an example of what can be done when VA and Navy work together to meet the needs of those who defend this country. Kudos to all involved!

Focusing on Health

VA Puget Sound is creating a new way of caring for patients. This shift reflects a broad national movement in how health care providers and organizations provide medical care in the United States. The new



Dr. Starkebaum, Chief of Staff

approach emphasizes several key points involving how we relate to patients. First, patients' participation in their care is essential. Second, sharing information with patients is critical. Third, patients must be trained to manage their own care with guidance from the healthcare team.

An example of this new approach is the Diabetes program led by Nalini Singh, MD. Diabetes is a condition that if left unchecked, increases the risk for complications such as blindness, kidney failure and cardiovascular disease. Currently, the multidisciplinary Diabetes Care Team is following 589 patients. Their goal is to teach patients self-management skills for their diabetes, to prevent complications, and enjoy an improved quality of life.

New patients participate in interactive group discussions and learn from other patients' experiences. They work with providers to develop mutually realistic goals. Through team support, they learn

(Continued on page 8)



Breakthroughs in

Rehabilitation Research & Development

Young Investigator Program Cultivates Next Generation of Researchers



Student working on prosthetic leg

For eight University of Washington undergraduate and graduate students, their summer jobs were more than just flipping burgers, waiting tables and counting change. These students were recruited from the Medical Student Research

and Training Program and Engineering Department to work in the Center for Excellence in Limb Loss Prevention and Prosthetic Engineering. These summer hires learned how to conduct clinical research studies that hold the promise to improve the health and health care for veterans and others with limb loss. Glenn Klute, PhD, Bill Ledoux, PhD, and Michael Orendurff, MS, supervised the students and guided their research efforts. Projects were selected for clinical relevance and relative simplicity to ensure that the students would participate in the entire scientific process, from writing a proposal to data analysis. The students wrote the protocol, collected and analyzed the data, and wrote a paper.

“It is our plan to teach a little about how research is done and inspire a few young

people to consider careers that apply scientific principles to clinical problems,” said Bruce Sangeorzan, MD, director of the Center of Excellence in Limb Loss Prevention and Prosthetic Engineering Center, regarding the goal of the Young Investigator’s Program.

The summer program concluded with a showcase of the work of these young scientists in its first Prosthetic Engineering Young Investigator Symposium attended by VA Puget Sound Leadership. They presented papers addressing surgical interventions, development of a dynamic gait simulator, use of an electromagnetic tracking system in foot motion analysis, design of a shock absorbing prosthesis, development of a transfer model of a human residual limb and prosthesis, and a computer controlled prosthetic knee.

Telepsychiatry Reaches Out to Patients



Actual Telemedicine Session

The Telepsychiatry project between the Bellingham Veterans Outreach Center and Mental Health Service at the Seattle division has proven to be a beneficial program serving approximately 100 veterans. Doctors in Seattle hold counseling sessions with veterans in Bellingham via a Poly-Com View Station on a television screen using a dial-up

telephone modem. The excellent visibility and auditory qualities built in to this program allow doctors to have quality, life-like counseling sessions.

Objectives are to:

- Serve a greater number of veterans at remote locations
- Improve the continuity of care from inpatient treatment to outpatient follow-up
- Enhance Mental Health Services to meet a growing demand at minimal cost
- Increase patient and clinician satisfaction

Army veteran and Bellingham resident John Persons, states, “I think it’s great.” Persons has been taking advantage of the Telepsychiatry Program for over a year with his physician, Keith Rogers, MD. He likes the flexibility it has provided him in his appointments. He always has the option of making an in-person appointment with Dr.

Rogers. He enjoys the benefit of not having to travel to Seattle.

Dr. Rogers explained that the initial interview is live with subsequent sessions being scheduled via the telepsychiatry program. These sessions include refilling medications and monitoring a patient’s overall wellness. Dr. Rogers makes in-person appointments when more intensive therapy is indicated. Drs. Bokan and Roberts of the Mental Health Clinic are also providing psychiatric treatment to patients using the Poly-Com View Station.

For more information about the telepsychiatry program, call Diane Johnson, Administrative Officer, Mental Health Service, (206) 764-2781. For information regarding other ongoing telehealth programs, call Claudia Zink, Telemedicine Coordinator, (206) 277-6259.

Medicine

How well do you know your medicines?

We take medicines for a variety of reasons – to relieve symptoms, prevent further problems, improve certain conditions and replace or substitute for things your body can no longer produce on its own. Do not stop taking medications just because you feel better. Even when you think your medicines have no effect, they do.

Talk with your providers about your medications; keep a list and know what you take and why. This includes all prescribed medicines, all over-the-counter drugs, nutritional

supplements, eye drops, medicinal creams and lotions. This will help to reduce the number of drugs you take and their risks. Report effects of each medication, including tracking your blood sugar levels if you have diabetes. Use the medications ONLY as prescribed by your provider, and DO NOT take medications prescribed for someone else.

It is also important to tell your providers if you are not taking your prescribed medications and why. Do not stop taking a drug until after talking with your provider.

You should also be aware of allergic reactions. You may develop a rash, hives, swelling or problems breathing. If this occurs, STOP taking the medicine and phone your provider. Other common side effects of medications may include nausea, constipation, diarrhea, dizziness, etc. Taking multiple medicines that do not mix well together can cause complications.

Working as a team, you and your provider can find a combination of medicines that will work for you and you will understand why you are taking them!!

Nutrition & Food An Important Role in Patient Care

Nutrition and Food Services provides two main functions: food services to inpatients, and nutrition assessments and patient education to both inpatients and outpatients. Dietitians educate veterans individually, as well as in an interdisciplinary group setting.

The food service generates approximately 1355 meals a day at both American Lake and Seattle. Once a veteran enters the facility, the health care provider orders a diet. The dietitian or a diet technician works with the health care provider to ensure that the diet will meet the medical and nutritional needs of the patient. This assessment includes educating the patient and family members about lifestyle changes (specifically, exercise and diet modifications) that will be required to maintain a healthy way of life.

Nutrition and Food Service is a part of the Clinical Support Services Care Line that also includes the Pharmacy program. Together, pharmacists and dietitians help patients control high blood pressure, high cholesterol and diabetes with a focus on lifestyle, dietary changes and medical management. The goal is to work together as a team to improve the overall health of each veteran.

Pharmacy Robot at Work

Gone are the days when a pharmacist had to read and interpret a hand written doctor's order, count out the pills by hand and pour them into a medicine bottle. At VA Puget Sound, both the inpatient and outpatient pharmacies are equipped with high-tech, high-speed robots, which move prescription orders through a series of stations. Watching these robots, one quickly realizes how far technology has come. Through a computerized medication order, the physician or provider electronically requests medications for a patient. After a pharmacist review, the order is processed through the system as the pharmacy robot reads the order, places the medication label on the bottle and chooses the correct medication off the shelf. Once that is done, the robot then places the drug into the pill counter, holds the bottle while it is being filled and then places the filled (and labeled) medicine bottle on a conveyor belt to be capped. After a pharmacist examines the filled prescription, it is ready for dispensing to the patient.

It is the workhorse of the pharmacy.



*Pharmacy Robot in action
with staff doing data entry.*

Quality in Action

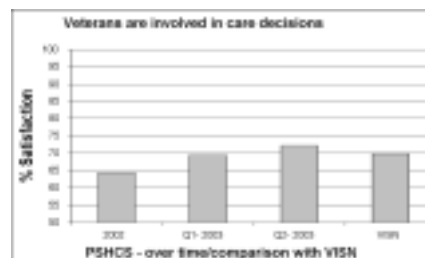
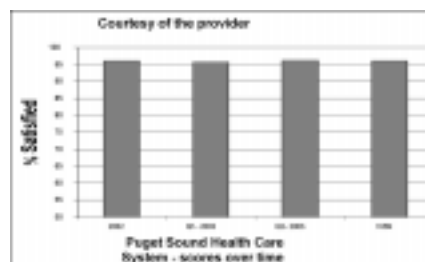
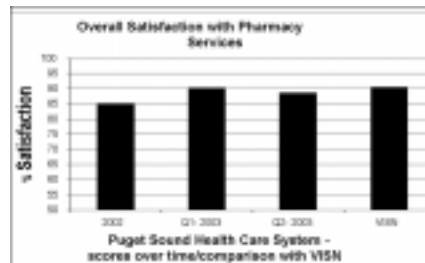
Veterans Give Care High Marks

Why do so many veterans give their care high marks when asked by VA Quality Improvement managers to rate their care along several “customer satisfaction indicators?” With data now available for the first and second quarters of this fiscal year, veterans continue to view the majority of our providers as high on the “courtesy” scale (about 96%). For pharmacy services, overall quality remains close to 90%. This information will help us shape improvement strategies. We have learned through patient survey data that our appointment desk schedulers improved their courtesy score in 2003 over the previous year. Our goal is to continue to improve in this area.

Patient Satisfaction Surveys are sent to veterans on a monthly basis and are tabulated for ongoing satisfaction results. The graphs show second quarter 2003 data for VA Puget Sound as compared to the second quarter of 2002. They also show a comparison with our Veterans Integrated Service Network (VISN) scores for the second quarter of 2003.

Because we are committed to partnering with our patient in health care decisions, the last graph shows improvements in this effort. Scores for this particular element have

increased nearly eight points since the survey results in 2002. In this area, we scored above the VISN by almost three points.



Pre-Surgery Patient Education Yields Gains

Today's health care system is very complex. Patients who are uninformed and who are not educated about their health care can become easily confused and frustrated. A referral to a specialty clinic with a new set of providers can increase the confusion. To address this problem, the surgical program wants to help patients avoid this maze by teaming up with them. A group of nurses wrote a pamphlet to guide veterans through the specialty clinic experience. That initial effort led to establishing a series of teaching tools (posters, articles, booklets, and personalized consultations) with specialty nurse coordinators and self-guided videos.

The goal of their efforts is to better prepare patients for their surgical experience. When patients are better informed about their care and their procedures, they have less stress, their

(Continued on page 8)

Bill's Pill

Bill goes to the doctor because he has stomach pain. Bill's doctor thinks that a pill will help his stomach pain and writes a prescription for a pill for Bill.

We will now start the journey of Bill's pills from the computerized doctor's order to Bill's stomach. Once the medication order enters the computer, it travels to central pharmacy. Bill goes to the outpatient pharmacy to alert the staff that that he is waiting for a prescription to be filled.

While Bill waits for his pills to be dispensed a pharmacist will counsel him about his new medication. Bill learns about the action, side effects and precautions associated with his new pill.

Back in the pharmacy the prescription goes through a pharmacy review. Bill's allergies and his pharmacy profile will be checked to determine that he can safely take his pill without any negative consequences. A label is printed with all the necessary information including a bar code. The bar

code is scanned along the remainder of the journey to accurately dispense the proper drug in the proper amount to the proper patient - in this case, Bill. Once the bottle of pills is prepared, a pharmacist or technician inspects the bottle twice more. Bill is then given his pills.

It is easy to fill one prescription safely; our outpatient pharmacy accurately fills 1200 prescriptions each day.

Oh...Bill's pill cured his stomach pain.

Making a difference

Making a Difference

Harry *Hansen*

In 1999, Harry Hansen had a debilitating accident. He now faces many life-changing adjustments. He is now paralyzed from his neck down, yet he and his wife, Luann, have met the new challenges with grace and determination. Harry spent many months in the Spinal Cord Injury Unit with Luann at his side, learning how to navigate through his new world and mastering the equipment that is now a part of their daily life.

Managing his many medications has become a huge responsibility for Harry and Luann. She organizes and administers his medicine. He currently has twenty active prescriptions. How does he maintain his medication schedule and keep straight what to take and when? Will he be able to remember all of the possible side effects? Upon discharge, a pharmacist reviewed all Harry's medications that went home with him. He and Luann learned a great deal about his medications as he went through his hospitalization, but it was still a daunting task to manage these drugs when they arrived home. Luann offers some hints she learned along the way:

- Use a notebook to file the description of the drug's action and its side effects that accompany the medication.
- Place all of the medication containers in one location, i.e. a shelf in the bathroom or kitchen.
- Keep all pills out of the reach of pets and children

- Use a mediset to better organize and keep track of medicine by day and quantity.

- Write the schedule of medication administration (how many times each day) on a piece of paper. Place this in an easily visible location such as the refrigerator or a corkboard.

- Be aware of expiration dates. Use a calendar to follow med order dates.

- Account for the time needed to obtain refills and maintain your supply of any drugs. Not all meds will run out at the same time.

- Keep a list of your medications and their doses with you at all times.

- Ask questions of both physicians AND pharmacists

- Don't forget to carry a few medications that you take only as needed. The need might arise.

- Do not leave narcotics in plain sight.

As a patient, or a family member/caregiver of a patient, it is important to understand the medicine prescribed and to safely maintain a medication schedule. Luann and Harry Hansen have done just that.

Dietary Managers Association President Elect



John Gasperetti

John Gasperetti, supervisor for Nutrition and Food Department, was recently installed as President-Elect for the Washington State Dietary Managers Association. The Dietary Managers Association (DMA) is the national professional organization that promotes standards of competency through education and experience.

John has been an active member of the DMA for over 8 years and has added his training skills and expertise to our exceptional Food Service Department.

IN THE NEWS

Site Visit by Secretary Principi's Minority Veterans Advisory Committee

VA's commitment to diversity extends beyond our recruitment efforts for staff. It includes our commitment to minority veterans and a role for a Minority Veterans Coordinator who is also a Patient Advocate.

A recent site visit from the Secretary's Minority Veterans Advisory Committee, involved discussions with VA leadership. Representatives from Visn 20, VA Puget Sound, VA Regional Office, Tahoma National Cemetery and service line leaders

showcased key programs and services. At town hall meetings held in Seattle and at the Yakama Nation, they heard concerns from Veterans Service Organization Officers.

The advisory committee's purpose is to identify necessary improvements in the delivery of services and benefits to minority veterans. They will tract best business practices that provide outstanding support and service to minority veterans.

Introducing the Deployment Health Clinic

This new clinic is dedicated to the care of veterans who are experiencing unique health concerns related to a specific deployment, including returning Iraqi Freedom veterans. We are interested in being in contact at least once a year with any veteran who has deployment related health concerns, even if the veteran is receiving his/her health care outside of the VA setting. Services include: medical care and rehabilitation services dealing with war service injuries, mental health services designed to assist with post traumatic stress and reintegration stress, and health care information and support to veterans exposed to environmental hazards during deployment.

Deployment related health concerns include:

- Agent Orange exposure in Vietnam
- Any health care concerns related to Iraqi Freedom deployment
- Exposure to environmental agents in the Persian Gulf
- PTSD (post traumatic stress disorder) related to any deployment

- Exposure to ionizing radiation during nuclear weapons testing
- Cold weather injuries related to service during the Korean War or WWII
- Exposure to chemical/biological agents involved with Project SHAD
- Unexplained medical symptoms following a specific deployment

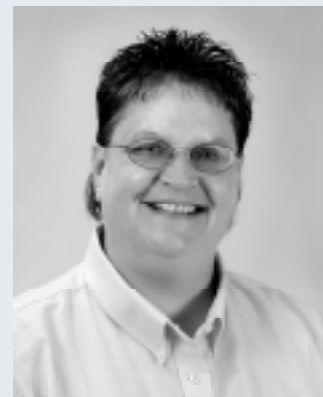
How to contact the Deployment Health Clinic:

Call the Deployment Health Clinic:
Leigh Hayes, Coordinator: (206) 764-2636
Call General Scheduling: (206) 764-2306
Brooke Eggimann, VA DOD Liason, Iraqi Freedom Veterans Care Management: (253)583-1144

Hours of the clinic are from 7:30a.m. to 4:00p.m., Monday through Wednesday. If you don't have a primary care provider, the Deployment Health Clinic will serve this purpose until a primary care provider can be established.

visit our website at:
<http://www.appc1.va.gov/psgulfwar>

Welcome New Minority Veterans Coordinator



Cathy Davidson

Cathy Davidson's career actually began in Pharmacy at Puget Sound VA. She then transferred to Denver VA, as a Pharmacy Technician and IV Lead Technician. She then joined the Quality Assurance Office as a Program Assistant/Patient Representative Assistant and soon became the Patient Representative/Advocate.

Along with Patient Advocate duties, Cathy has expertise as a Process Action Team Facilitator and Leader, an Education Trainer for Customer Service, Treating Veterans with CARE, Coaching for CARE, and the Prevention and Management of Disruptive Behavior. She has served as a faculty member at the University of Colorado Medical School, coaching first and second year medical students how to communicate empathically with their patients in a course called "Foundations of Doctoring." She is a member of the National Patient Advocate/Veteran Advisory Board.

She is excited to return to VA Puget Sound. Welcome back!

Health Care Eligibility for Combat Veterans

The Department of Veterans Affairs (VA) recently implemented policies and procedures to provide free health care services and nursing home care to combat veterans for a period of two years beginning on the date of separation from active military service. This benefit covers all illnesses except those clearly unrelated to military service.

WHO IS ELIGIBLE? - Those veterans who served on active duty in a theater of combat operations during a period of war after the Gulf War, or in combat against a hostile force during a period of "hostilities" after November 11, 1998, and have been discharged under other than dishonorable conditions. National Guard and Reserve members are also eligible for VA health care if they were ordered to active duty by a federal declaration, served the full period for which they were called to active duty, and separated under other than dishonorable conditions. For more information, call 1-800-329-8387, extension 62810 or 76567, or see our website at: www.Puget-Sound.med.va.gov

Transition Pharmacy Benefit

Under a new policy announced July 24, 2003, some veterans waiting to see a VA physician for the first time may be eligible to receive medications from VA mail out pharmacies that were prescribed by private doctors. This is a short-term measure intended to assist veterans who were enrolled by July 25, 2003 and waiting for the appointment. To be eligible for the new benefit, veterans must meet all of the following criteria:

- Have been enrolled in VA health care before July 25, 2003, and
- Have requested their first primary care appointment with VA before July 25, 2003,
- Have been waiting for more than 30 days for their first appointment with a primary care physician on September 22, 2003.

VA's existing formulary medications will be provided under this benefit, excluding controlled substances, over-the-counter medications (except insulin and syringes) and supplies. Acute medications, intravenous medications or medications that must be administered by a medical professional will not be provided. Non-formulary drugs will be available only if deemed medically necessary by VA and after communication with the non-VA provider.

Veterans covered by the new policy received information in the mail about filling prescriptions by mail from non-VA providers. Anyone wishing further information regarding this new policy may call 1-800-329-8387 ext. 62230.



CARES Commission Holds Hearings



The Capital Asset Realignment for Enhanced Services

(CARES) Commission, an independent 15-member commission chosen by the Secretary of Veterans Affairs, held hearings across the country to learn more about specific markets and their challenges in planning for veterans health care into the future (2020). Two hearings took place in VISN 20, one in Vancouver and one in Walla Walla. The Commission focused on issues such as Community Based Outpatient Clinic (CBOC) activity, women's healthcare, expansion of primary care, capital projects, and travel to obtain care.

The CARES Commission is forwarding recommendations to the Secretary to determine VA's capacity to support the delivery of veterans' health care services into 2020. The focus will be on accessibility and cost-effectiveness of care provided to veterans, coupled with maintaining the integrity of VA's mission and minimizing any adverse impact on VA staff and veteran communities. Veterans, veterans' service organizations, members of Congress, leaders from medical school affiliates, VA employees, local government and community leaders were among those who testified before the commission.

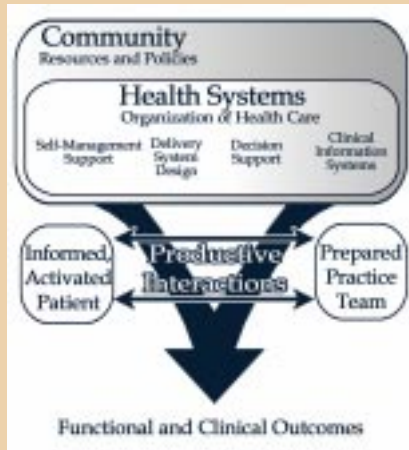
Additional comments on issues raised during a hearing or the draft plan may be submitted by fax to (202) 501-2196; through the Commission Web site at <http://www.carescommission@va.gov>; or by writing to:

CARES Commission
Richard E. Larson, Executive Director
Department of Veteran Affairs (00CARES)
810 Vermont Avenue NW
Washington, DC 20420

*Focusing on Health
(Continued from page 1)*

to master blood glucose testing and how to interpret results. Telephone follow-ups have become critical to reinforcing self-management and saving patients trips to the clinic and/or emergency rooms. This process is helping diabetic patients lead more active lives and minimize the risk and potential disability that diabetes can produce.

Chronic Care Model



VA Puget Sound is rolling out several other new programs in the coming year to support this management model.

- **My HealtheVet** is a web-based system that provides veterans with information and tools so that they can improve their health including electronic access to their health records.

- **SPEAK UP** is a program developed by the Joint Commission on Accreditation of Healthcare Organizations and the Centers for Medicare and Medicaid Services. This is a program guiding patients to take a more active role in preventing health care errors by becoming active, involved and informed participants in their care.

- **The Patient Annual Information Review (PAIR)** is a tool that patients will use to communicate to providers the status of their health care needs.

These are exciting changes in providing care to veterans. Patients need to be active participants in this transformation to succeed. Together we will shape the future of healthcare at VA Puget Sound.

Team VA Rides The 2003 STP



This is the 4th year that Recreation Therapy from Spinal Cord Injury & Rehabilitation Care Services has coordinated the 200 mile Seattle To Portland Bicycle Classic for Team VA. Five SCI outpatients, 9 VA staff from throughout the facility, as well as family & PVA volunteers completed the ride together over the course of 2 days. Team VA's participation in community events such as this, continue to demonstrate the desire, motivation, & ability of our veterans to return to active & healthy lifestyles.

Remembering American Heroes

VA Puget Sound Health Care System, Seattle VA Regional Office, and McChord Air Force Base recently honored 150 former Prisoners of War (POW) and the families of the Missing in Action (MIA). Ex-POW's from all over Washington state, representing all services from WWII through Desert Storm, we've honored. Of the 39,029 Ex-POW's, 896 live in Washington State.

(Pre-Surgery Patient Education Yields Gains Continued from page 4)

length of stay is reduced, and they have improved interaction with their providers. This education format helps veterans make more informed decisions and gives them greater control over their health care. It also reduces clinic appointment times while improving the overall quality of care.

In the future, the Patient Education Plan will involve a pre- and post-operative open-heart manual and associated health management videos. Also in the works is a pre-operative educational clinic where veterans can interact with the multidisciplinary surgical team. We congratulate Robin Cook, RN; Debra Hughes, RN; Roxanne O'Brien, RN; Kathleen Vandlik, RN; and Ellen Wilson, RN, for their effort in this exercise.

Department of Veterans Affairs
Puget Sound Health Care System
American Lake & Seattle

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